



Reducing the chance of relapse in vaginal candidosis

When *Candida* plays hide and seek

Recent microscopy studies have shown that *Candida albicans* appears capable of penetrating the deeper keratinous layers of vaginal epithelial cells. This suggests that the organisms may be protected from topical antifungal agents, only to re-emerge and proliferate again some time later when the epithelial cells are normally shed.

As the deeper layers of the vaginal mucosa are reached more easily by systemic than by topical treatment, relapse is likely to be avoided accordingly.

Scanning electron micrograph
of mycelial cells penetrating
between vaginal surface
epithelial cells. (x 3000)

TRADEMARK
Nizoral
ketoconazole

*the elegant way
to treat an inelegant problem*

Presentation: white, flat, half-scored uncoated tablets marked "Janssen" on one side and K/200 on the reverse. Each tablet contains 200 mg ketoconazole. **Dosage** (for vaginal candidosis only): two tablets (400 mg) once daily for 5 days. For maximal absorption Nizoral should be taken with meals. Nizoral is contra-indicated in pregnancy. **Precautions:** the use of agents which reduce gastric acidity (anti-cholinergic drugs, antacids, H₂-blockers) should be avoided and, if indicated, such drugs should be taken not less than 2 hours after Nizoral. Ketoconazole, when given together with cyclosporin A results in increased blood levels of cyclosporin A. It is important that blood levels of cyclosporin A are monitored if the two drugs are given concomitantly. **Side-effects:** nausea, skin rash, headache and pruritus may occasionally be observed. Alterations in liver function tests have occurred in patients on ketoconazole; these changes may be transient. Cases of hepatitis have been reported with an incidence of about 1 per 10,000 patients. Some of these may represent an idiosyncratic adverse reaction to the drug. This should be borne in mind in patients on long-term therapy. If a patient develops jaundice or any symptoms suggestive of hepatitis, treatment with ketoconazole should be stopped. Mild asymptomatic increases of liver enzyme levels, on the other hand, do not necessitate discontinuation of the treatment.

Full prescribing information available on request.
Ref.: Acta Cytol. (Baltimore) 26, 7 (1982)



JANSSEN

PHARMACEUTICA

32340 Beerse, Belgium

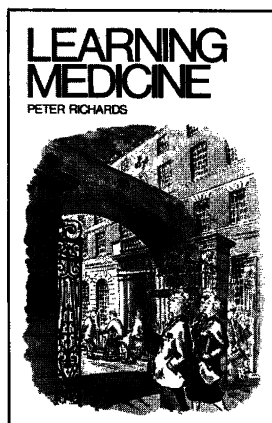
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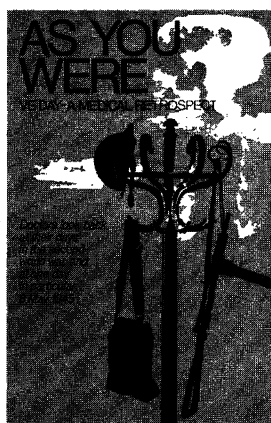


"Wise, witty, readable, full of information, and written by an expert"

ISCO Careers Bulletin, 1984; No 178:62

Learning Medicine is about just that: why, how, and what it is like. Peter Richards, dean of a London medical school, sets out the facts about the entry requirements, selection procedure, and different curriculums offered by British medical schools. Now in a second, revised edition, *Learning Medicine* gives a clear picture of the life of a medical student and outlines the choices to be made when it comes to later postgraduate training and employment. For sixth formers thinking about a medical career or houseman planning future specialisation, this handbook explains what to look for and how to go about it.

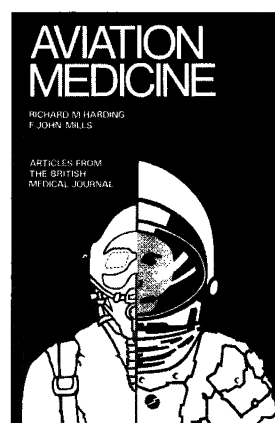
Price: Inland £4.00; Abroad £5.50; USA\$9.50
BMA members: Inland £3.50;
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This book is published as a memorial to Dr Elston Grey-Turner, former secretary of the BMA, profits from its sale going to BMA charities.

A collection of specially commissioned reminiscences by doctors from their experiences in the second world war and their feelings as it came to an end. For some VE Day was a time for celebration, but others were too busy to notice or, as prisoners of war, did not even know it had happened. Often moving, occasionally horrific, sometimes hilarious, these highly personal memories reflect the many aspects of war from a medical viewpoint.

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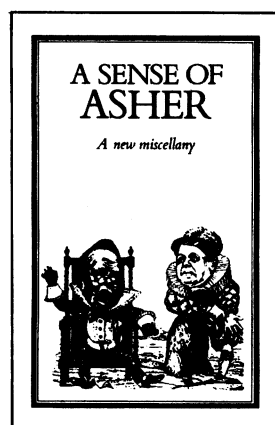
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SA Med J 1984; 65: 786

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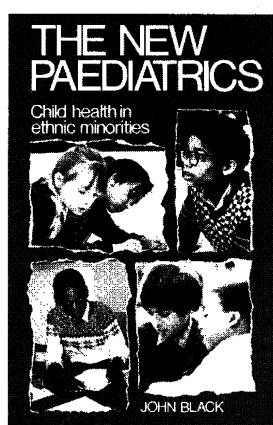
NZ Med J 1984; 97: 705

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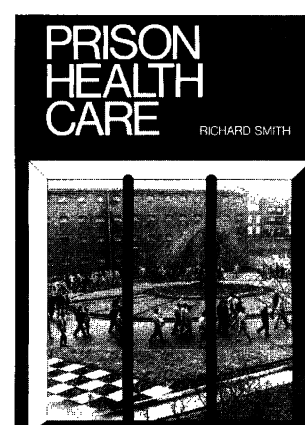
Why are medical journals so dull? Richard Asher, who asked the question, was never dull: good sense, pungent wit, and lively humour were his hallmarks, while his writings on clinical matters, with their combination of lucidity, sympathy, and insight, remain models for all aspiring medical authors. *A Sense of Asher*, a selection of his writings, was first published in a Keynes Press limited edition and quickly sold out. This paperback version, now in its third reprinting, contains the complete text of the original – commended by critics as a marvellous gift for a doctor's bedside table and enjoyable light reading for anyone in medicine.

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Children from ethnic minorities in Britain may suffer from conditions unknown in the general population – diseases of genetic or nutritional origin and tropical or subtropical infestations – and their problems are exacerbated by differences of culture and language. Proper treatment is not only vital for the individual child, but also has a wider effect; it is often through their children that immigrant families first come into contact with medical services, and their subsequent attitude to medical care may be determined by the amount of tolerance and understanding they receive over their children from doctors, nurses, and non-medical staff.

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"... one of the few postwar medical monographs to bear comparison with the pamphlets by doctor writers such as Thomas Parkinson and Thomas Wakley."

Listener 16 Aug 1984: 25.

"... an admirably well informed, fair minded, and constructive commentary."

Lancet 1984, ii: 438.

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World Medicine 1984; 19: 40

"The author describes with clarity and depth conditions in British prisons and the viewpoints of those who provide security and those who provide health care. ... The chapters on prison doctors, ethics, and women in prison are helpful and stimulating to anyone with an interest in improving health services for the incarcerated."

NY State J Med 1985; 85: 169-70.

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EDITED BY PETER C. RUBIN

BMJ

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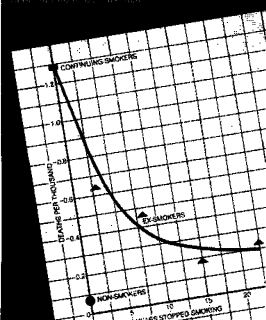
HOW TO DO IT: 1

Chair a committee. Be a dictator. Organise an international conference. Take a computer. Improve a student medical journal. Interviewed. Write a book review. Survive as an examiner. Use a library. Construct an editorial. Prepare a lecture. Attend an inquest. Take a clinical examination. Use slides. Apply for a research grant. Deal with a publisher. Plan a research project. Write a paper.

The first edition of *How To Do It* proved a useful and popular guide to those things a doctor needs to know but is rarely taught: how to take an examination, how to interview and be interviewed, how to plan and write up research, how to behave at an inquest. In the second edition the original chapters have been expanded and updated, and there are several more chapters on new challenges – choosing a computer, flying, holding a press conference – and on some older ones not included in the first edition – assessing a job, dealing with a publisher.

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NZ Med J 1980; 91: 73

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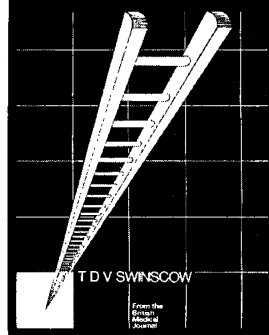
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
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